UTAH DARTMENT OF ENVIRONMENTA QUALITY 195 North 1950 West, Salt Lake City, Utah 84116

CONTRACT

130032

Department Log Number		State Contract Number
CONTRACT NAME: The name of this Contract is <u>LHD Environmental Services</u>	s - Summit County Health Department	
 CONTRACTING PARTIES: This Contract is between the Utah Department of Environ Department (CONTRACTOR). 	mental Quality (DEPARTMENT), and	Summit County Health
3. CONTRACT PERIOD: The service period of this Contract will be July 1, 2012 agreement in accordance with the terms and conditions of the	2 through <u>June 30, 2013</u> , unless te is Contract.	rminated or extended by
4. CONTRACT AMOUNT: The Contractor will be paid up to a maximum amount of \$\frac{3}{2}\$ This Contract is funded with \$_24_\%\$ Federal funds and wirelates to the federal funds provided.	6 66,627.00 in accordance with the proth 76 % State funds. The CFDA # is_	ovisions in this Contract. 66.605 and 66.468 and
5. CONTRACT INQUIRIES: Inquiries regarding this Contract shall be directed to the following the contract shall be directed to the cont	owing individuals:	
CONTRACTOR Contact Person: Bob Swensen Business Address: 650 Round Valley Drive Park City, UT 84060 Phone Number: 435-333-1509	DEPARTMENT Program: Environmental S Contact Person: Renette Anderso Phone Number: 801-536-4478	
6. REFERENCE TO ATTACHMENTS INCLUDED AS PART	FOF THIS CONTRACT:	
Attachment A: Gen. Provisions for Contracts with other Government Entities	Attachment B: Service Delivery Pla	<u>ans</u>
 DEPARTMENT agrees to pay 25% of annual allotment an May 1 of the applicable fiscal year. 	nount each quarter on August 1, Nover	mber 1, February 1, and
8. CONTRACTOR agrees to perform services identified in attack	ched Service Delivery Plans.	
IN WITNESS WHEREOF, the parties sign this Contract		
CONTRACTOR: Summit County Health Department	UTAH DEPARTMENT OF ENVIRO	ONMENTAL
By: /// L/18/12 Signature of Authorized Individual Date	By Draw Brad T. Johnson	1/2/2012
Print Name: Rich Bulleuge	Deputy Director	Date
Title: Dinecton	PROCESSED BY	N. 0 5 2912.
87-6000295	State Finance:	Date
Federal Tax Identification Number or Social Security Number		
	State Purchasing:	Date